

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593,542

FILING DATE

09-19-06

APPLICANT(S)

**CLAIMS**

	Article 34	AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
		IND.	DEP.	IND.	DEP.
1	1				
2			1-		
3			1-		
4			1-		
5	2				
6	2				
7			1-		
8	2				
9	2				
10			1-		
11			1-		
12	2				
13	2				
14			1-		
15	2				
16	2				
17			1-		
18	1				
19			1-		
20			1-		
21			1-		
22	2				
23	2				
24			1-		
25			1-		
26			1-		
27	2				
28	2				
29			1-		
30			1-		
31	2				
32	2				
33			1-		
34	2				
35	2				
36			1-		
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48					
49					
50					
TOTAL IND.	21	↓		↓	
TOTAL DEP.	20	←		←	
TOTAL CLAIMS	22				

	AS FILED	AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
		IND.	DEP.	IND.	DEP.
51					
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94					
95					
96					
97					
98					
99					
100					
TOTAL IND.		↓		↓	
TOTAL DEP.		←		←	
TOTAL CLAIMS					